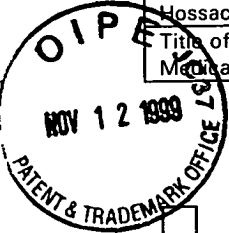


444 2721

2

TRANSMITTAL LETTER			Case No. 5050/584
Serial No. 09/369,510	Filing Date August 6, 1999	Examiner To be assigned	Group Art Unit 2721
Inventor(s) Hossack et al.			
Title of Invention Medical Diagnostic Ultrasonic Imaging Method and System for Displaying Multi-Phase, Multi-Frame Images			



TO THE ASSISTANT COMMISSIONER FOR PATENTS

Transmitted herewith is an Information Disclosure Statement, Form PTO 1449, References A1-A4.

- ☐ Small entity status of this application under 37 CFR § 1.27 has been established by verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR §§ 1.9 and 1.27 is enclosed.
- ☐ Petition for a \_\_\_\_\_ month extension of time.
- ☒ No additional fee is required.
- ☐ The fee has been calculated as shown below:

					Small Entity		or	Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee		Rate	Add'l Fee
Total		Minus			x \$9 =			x \$18 =	
Indep.		Minus			x 39 =			x \$78 =	
First Presentation of Multiple Dep. Claim					+ \$130 =			+ \$260 =	
					Total add'l fee	\$		total add'l fee	\$

- ☐ Please charge Deposit Account No. 23-1925 (BRINKS HOFER GILSON & LIONE) in the amount of \$ \_\_\_\_\_. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ The Assistant Commissioner is hereby authorized to charge payment of any additional filing fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this communication or credit any overpayment to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.
- ☒ I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

William A. Webb  
Registration No. 28,277  
Attorney for Applicant

BRINKS HOFER GILSON & LIONE  
P.O. BOX 10395  
CHICAGO, ILLINOIS 60610  
(312) 321-4200

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on 11-8-99.

Date: 11-8-99 Signature:

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I hereby certify that this correspondence is being deposited with the United States Postal Service, with sufficient postage, as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231, on 11-8-99

Date of Deposit

William A. Webb

Name of applicant, assignee or  
Registered Representative

Signature

Date of Signature



Our Case No. 99507584

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JUN 14 2005  
TC 2700 MAIL ROOM

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Hossack et al.

Serial No. 09/369,510

Filing Date: August 6, 1999

For Medical Diagnostic Ultrasonic  
Imaging Method and System for  
Displaying Multi-Phase, Multi-  
Frame Images

Examiner To be assigned

Group Art Unit No. 2721

### REQUEST FOR CORRECTION OF FILING RECEIPT

Assistant Commissioner of  
Patents  
Washington, D.C. 20231

Attention: Application Processing Division  
Customer Correction Branch

Sir:

Applicant requests the issuance of a corrected filing receipt (copy enclosed)  
for the above-referenced patent application, and in support of this request  
respectfully states:

Please insert the following related application information:

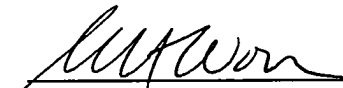
--Based on provisional application Serial No. 60/114,194, filed

December 30, 1998.--

A copy of the Declaration which claims the benefit under 35 U.S.C. § 119 for the above information is enclosed to support this request.

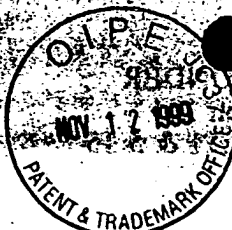
The Commissioner is hereby authorized to charge any fees required to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

  
\_\_\_\_\_  
William A. Webb  
Registration No. 28,277  
Attorney for Applicant

BRINKS HOFER GILSON & LIONE  
P.O. BOX 10395  
CHICAGO, ILLINOIS 60610  
(312) 321-4200

FILING RECEIPT



UNITED STATES DEPARTMENT OF COMMERCE  
Patent and Trademark Office  
ASSISTANT SECRETARY AND COMMISSIONER  
OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/369,510	08/06/99	2721	\$838.00	5050/584	5	00	14

WILLIAM A WEBB  
BRINKS HOFER GILSON & LIONE  
P O BOX 10395  
CHICAGO IL 60610

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MAIL ROOM

RECEIVED  
JUN 14 2000

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) JOHN A HOSSACK, PALO ALTO, CA; LINYONG PANG, STANFORD, CA; THILAKA SUMANAWEEERA, SAN JOSE, CA.

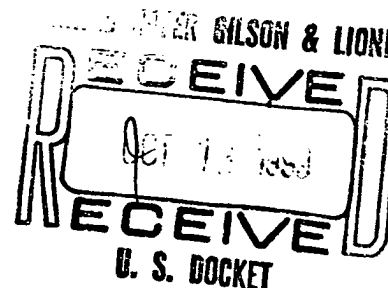
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/30/99

TITLE

MEDICAL DIAGNOSTIC ULTRASONIC IMAGING METHOD AND SYSTEM FOR  
DISPLAYING MULTI-PHASE, MULTI-FRAME IMAGES

PRELIMINARY CLASS: 382

BASED ON  
Provisional  
Info.  
NOT NOTED  
ON FILING  
RECEIPT





DATA ENTRY BY: GENTRY, CHRISTINE TEAM: 01 DATE: 08/30/99

\*\*\*\*\*

(See reverse for new important information)

FILE COPY

SERIAL NUMBER 09/369,510	FILING DATE 08/06/99	CLASS 382	GROUP ART UNIT 2721	ATTORNEY DOCKET NO. 5050/584
APPLICANT JOHN A HOSSACK, PALO ALTO, CA; LINYONG PANG, STANFORD, CA; THILAKA SUMANAWEEERA, SAN JOSE, CA.				
**CONTINUING DOMESTIC DATA***** VERIFIED PROVISIONAL APPLICATION NO. 60/114,194 12/30/98 				
**371 (NAT'L STAGE) DATA***** VERIFIED <u>None</u>				
**FOREIGN APPLICATIONS***** VERIFIED <u>None</u>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/30/99				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 16
Verified and Acknowledged  Examiner's Initials _____ Initials _____		INDEPENDENT CLAIMS 4		
ADDRESS WILLIAM A WEBB BRINKS HOFER GILSON & LIONE P O BOX 10395 CHICAGO IL 60610				
TITLE MEDICAL DIAGNOSTIC ULTRASONIC IMAGING METHOD AND SYSTEM FOR DISPLAYING MULTI-PHASE, MULTI-FRAME IMAGES				
FILING FEE RECEIVED \$838	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	